FOR INSTRUCTIONS, SEE BACK OF FORM	nr	FOF	RM
DISCLOSURE SUMMARY PAG	Reset Fo	m DR	R-2 DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organ	ization)	(Rev.	05/2002) REPORT
Committee to Elect Matt Miley		For Off	ice Use Only
IMPORTANT: Indicate type of committee you are reporting for:		Comm.	#703
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City C (8) Support State of Candidates		Audited	
CANDIDATE COMMITTEES ONLY:			
Candidate Name	Political Party		
Matt Mclor	Democrat		
Office Sought	District (if Senate or House		
State Senate	3	"	JAN 1 4 2003
- Court Service			J _O
Sna Throener	521 - 3 3 1	-	113 12000
SIGNATURE OF TREASURER (or person filing this report)	221-271 TELEPHONE	<u></u>	DATE SIGNED
SIGNATURE OF TREASURER (or person filling this report)	ICLEPHONE		DATE SIGNED
Routine Penalties Due For Late	Filed Reports Range	rom \$20 to	\$800
SEE INSTRUCTIONS ON BACK AND COMPLETE THE	FOLLOWING SENTENC	E:	
I AM FILING A Jan. 14, 2003			M ELECTION VEAD
•		dicate one 2	
(report date)			
CHECK IF AMENDMENT TO REPORT DATED		Local Committe	es, enter Date of Election
	Divide Free DD A	County & Local	Committees, enter County in
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a Notice of Diss		which Election	
·	,		
STATEMENT	OF CASH ON HAND		
CASH ON HAND at the beginning of the reporting period. (This	is the total of all monies he	d	
a second			19,153,52
of the last reporting period, or must be zero if this is fire	st report filed.)	\$/	1,193,02
ADD TOTAL MONEY TAKEN IN THIS PERIOD			0-0-00
Schedule A: Cash Contributions total (Attach Schedule	e A) (*also see in-kind below	')	8285.00
Schedule F: Loans Received total (Attach Schedule F)		<i>D</i>
Schedule H: Total Sales of Campaign Property (Attack	n Schedule H)		
(Schedule H applies to Candidates' Commi	ttees Only)		
	SUB-TO	AL\$	77 438,52
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			2 /251 94
		í	4, 271, 10
Schedule B: Expenditures total (Attach Schedule B) (*	*also see debts and loans b	elow)	1111111111
Schedule B: Expenditures total (Attach Schedule B) (* Schedule F: Loan Repayments total (Attach Schedule		•	3, 394, 0Z
Schedule F: Loan Repayments total (Attach Schedule	F)	•	3, 394. 0Z
· · · · · · · · · · · · · · · · · · ·	F) rt, balance must		3, 394. 02 1692,52
Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (if final reporting period (Attach DR-3)	F) ort, balance must	\$	3, 394, 02 1692,52
Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (if final repo	F) ort, balance must	\$	3, 394. 02 1692.52
Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (if final reporting period (Attach DR-3)	F)ort, balance must	s	
Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (if final reporting be zero) (Attach DR-3)	F) ort, balance must ule E)	\$ \$	
Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (if final reporting period) (Attach DR-3)	F) ort, balance must ule E)	\$ \$	
Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (if final reporting be zero) (Attach DR-3)	F) ort, balance must ule E)	\$ \$	

F	or	Ine	truc	tions.	500	Rack	of Fo	rm
	U	1113	uu	LIUIIS.	Jee	DALK	() I C()	T T T I

CONTRIBUTIONS -- MONEY TAKEN IN

Reset Form

SCHEDULE

A MONETARY
(Rev. 06/97) RECEIPTS

CHECK THIS BOX IF AMENDING FORM

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Matt Mc(ov)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-
(MIMINDO/TK)	NUMBER		(if applicable)		RAISER INCOME
10/ 1	ID# 6084	WAW CON P 1 AY ZOO!			
1 / 31/02	ck# 691	27005. River Road, BY ZOO		\$ 7700	
100	ID#	Des Plaine, IL KOUS		200	
110/21		Jurio Gaellech 13565 Village Ct		(00)	
131	CK# 6193	CITY IA		10000	
11/	ID# 6148	Tim Workers Local 67		cî	
	ск# 539	1507 E ALVOTA AND		500	
A) 1	ID#	Pot Penato			
11/	CK# クラとブ	2550 brand Ave		100	
	CK# 9357	DM, #A 50312		100	
11/.	ID#	Glenn Norms, Hills Dr		οÛ	
1 (/)	CK# 9719	6205 CALUTA		250	
	15.4	Johnston, IA 50131			
11/4	CK# 2012	421 E. Locusty Ste 3 00		200	
17	2010	DM +A 572324		200	LJ
/	ID#	Williams Kathleen Lilliz			
11/4	^{CK#} 2411	3000 Putricia Pr		10000	
	47/1 ID#	DM, IA 50322		700	
11/2		Chester + Moviclone Culver		00	
1+	CK# 4264	1217 16465 WOM. IA 50265		100	
1.1	ID#	Earlt Ann Bridgewater			
11/2	CK#	4117 SW ZETH BY		25-00	
1 7	5 152	DM, IA 50321		رد	
In/	ID#	John Hadwag		ao l	
"/12	CK# 1137	1011 Scott Felton Rd Indianala EA 50125		50'	<u> </u>
L		ITMANIA, LIT SUICS	SUB-TOTAL		
				\$ 1635	
		TOTAL (if last page	of this schedule)		

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of ____3___

E~-	Inctructi	ons. See	Pook o	e Earm
ror	INSTRUCTI	ons. See	BACK	it Form

CONTRIBUTIONS - MONEY TAKEN IN

Reset Form

SCHEDULE

A MONETARY
(Rev. 06/97) RECEIPTS

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Matt McCoy

CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER		TO CANDIDATE* (if applicable)	RECEIVED	FUND- RAISER INCOME
14/12/02	CK# 9105	Nodent Balbura Gentry 1517-800 Pleasantmen Dr DM, IA 50315		\$50°	
11/12	ID# CK# 5828	Ed + Joan Schulley 574 Chardonney It Wanker, IN 5026 3		500	
11/12	ID# CK# /8943	Lynn lury 522 N. Clark 6r Carroll, IA 57401		50°	
11/12	ID# CK# 21115	Bran Clemons 1041 ARMEN 57 Town City, IA 50240		50°°	
11/12	CK# 8735	Donn + Alaguil Hutchms 108 5. 33m 87 WDM TA 50265		50°0	
11/12	ID# CK# 6968	Thomas McBidue 718 Polk Blod. DM. IA 50312		2000	
11/12	ID# 6498 CK# 1169	Well PAL 636 Grand Ave, Station 13 Dry, IA 50309		25000	
11/21	CK# 3186	Lynnellt Jason Houpnes PO Box 125 Lamothe IA 50054		30000	
11/21	ID# CK# 3187	Lyneut Jason Haynes 10 Box 125 Lamothe A 52054		300	
11/21	ID# CK# 397	Potrick Miles 79 Miller Avenure Tandown NY 10591	brother	5000	
		TOTAL (Stantan	SUB-TOTAL	\$117000	
		TOTAL (IT last pag	ge of this schedule)	1.	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of _____ 3

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN

Reset Form

SCHEDULE

A MONETARY
(Rev. 06/97) RECEIPTS

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Matt McCey

CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
11/21/02	ID# 6064 CK#1776	IA FORE 8525 Douglas, Sk 49 01, IA 50322		\$ 400	
12/5/02		IA FORE 8525 Douglas, Ste 49 pM, IA 50322 Geddings Communications 1202 Nam 6t, 64200 Columbia, 66 29201		5060.05	
	ID# CK#	•			
	ID# CK#				
	· · · · · · · · · · · · · · · · · · ·	terretainen en	SUB-TOTAL	~ ~440°	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 3 of 3 (for Schedule A)

TOTAL (if last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

i	SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES	
CHECK THIS BOX IF			

COMMITTEE NAME (Must be same as on Statement of Organization) CANDIDATE NAME AND ADDRESS TO WHOM **PURPOSE** AMOUNT DATE **EXPENDITURE** ID NUMBER (DESCRIBE TRANSACTION) **EXPENDED EXPENDED** (if applicable) (Disbursement) WAS MADE (MM/DD/YR) AND PAC CHECK NUMBER ID# Office Max 60205E 144h67 CK# 2502 DM. IA ID# Traus SLOH 5106 Welker Ave CK# 2503 Des McMes, IA 50312 ID# Polk lo. Democrats maphe CK#2504 ID# Partial Matt Mclay 4720 Wood land Ave W loan repayment CK# 2506 BM IA 50312 ID# Swa Throener 1328 40th ST CK#2507 ID# Gellular BUR 0203 CK# 2508 itive, IZ ID# Treasurer ate lapital CK#250 50319 ID# forty - Three HAN TH. OM CK# 2570 SUB-TOTAL \$4149 95 TOTAL (if last page of this schedule)

TIME DAY	ADDI IEC	TA AL	IDIDATEO		TTEE	~*!! V.
THIS BUX	APPLIES	IUGA	VDIDATES'	LUMM	11155	UNLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

	1]	L	J
Page		of		L

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES		
CHECK THIS BOX IF			

COMMITTEE NAME (Must be same as on Statement of Organization) CANDIDATE NAME AND ADDRESS TO WHOM **PURPOSE AMOUNT** DATE **ID NUMBER EXPENDITURE** (DESCRIBE TRANSACTION) **EXPENDED EXPENDED** (if applicable) (Disbursement) WAS MADE (MM/DD/YR) AND PAC CHECK NUMBER ID# Travis Scott 5700 Welker Ave CK# 2511 MM, IA 50312 Office Max GOZDGE 14th St ID# CK# 2512 ID# Mediacom Box 94310 CK#2573 entre, IL 60094 ID# PO BOX CK# 2514 tream, IL ID# PO BOX 6202 2971 0-94 CK# 25/5 Omaha NE 68103 ID# Office Max 5020 SE 14th St boxes CK# 2516 ID# 500GE 14MBt CK# 2517 ID# Invoener 1328 40m 6 CK# 2518 om. TA 50311 SUB-TOTAL 77 1341 TOTAL (if last page of this schedule)

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

	7		1	/	
Page		of		1	

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

Com	mittee to	Elect Matt Mcley		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/20/02	ID# CK# 2519	Office Mad souse 14th Street DM, IA 50315	boxes	\$ 10 ⁵⁹
11/20	ID# CK# 25 2 <i>O</i>	Post Master SW Mckinbey DM, IA 50315	Stamps	118 400
11/20	ID# CK# 25 21	Qwest PO Box 1307 Minneapolis, MN 55483	phone + OSL	163 %
11/23	ID# CK# 2 <i>5</i> Z2	Patricia Dr Natura Dr Wandale, IA	campaign work	25000
11/25	ID# CK# 252.3	Wells Farge / Miloy Walnut St Des Momes, IA 50369	repay loan (also on schedules)	12094.02
11/25	ID# CK# 2524	Sellers Hardware 3209 EW 9th 6t DM, DA 50315	supplies	2z. ⁷ 3
11/25	ID# CK# 2525	Son Throener 1328 4090 Br 1011, IA 50311	wages	968 38
11/25	ID# CK# 2526	Mat Mclay 4720 woodland Aus DM, IA 50312	reimbursement	1356 26
			SUB-TOTAL TOTAL (if last page of this schedule)	\$14,983.43

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page 3 of 4

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization) CANDIDATE NAME AND ADDRESS TO WHOM **PURPOSE AMOUNT** DATE ID NUMBER **EXPENDITURE** (DESCRIBE TRANSACTION) **EXPENDED EXPENDED** (Disbursement) WAS MADE (if applicable) (MM/DD/YR) AND PAC CHECK NUMBER ID# Two Men & A Truck 37100 2934 NW Wbandabe Dr move CK#2527 urbandale IA 50322 ID# State of DA PO B or 10461 CK# 252% OM TA 50306 ID# ATA7 Whele 65 PO BOX 6226 CK# 2529 IL 60572 ID# Cellular PO BOX 0203 CK# 25 3W alanthe, II 60055 ID# Sara Throwner 12 CK#2531 anis ID# 12/13 4720 Wrizelland CK# 253 2 OM TO 4000 ID# CK# ID# CK# SUB-TOTAL 07

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

	L	ı	
Page		of	

TOTAL (if last page of this schedule)

			Reset Form	SCHEDULE	Ì
COMMITTEE NAME (Must be same as on Statement of Organization)			TOOC COM	F	LOANS
Committee to Elect Matt Mcley					RECEIVED & REPAID
NOTE: This schedule reports money loaned to the committee which is deposited	d in the committee ac	count.		CHECK TH	T I
TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 14, 000	.00			AMENDING	PORIVI
PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD (Original source of loan, such as a bank, must be shown if a third party involved. Include loans from candidate's personal funds.)	/ is		ONETARY LOAN REPAYMENTS MADE THIS ans forgiven must be reported on Schedule E		
DATE NAME AND ADDRESS OF LENDER RECEIVED (Include Endorser's Name, If Applicable) (If Applicable) (If Applicable)	TE OF LOAN	DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT REPAID
	\$	11/1/02	(Include Endorser's Name, If Applicable) Most McCoy H720 Wood land Are DM, IA 50312 Wells Farqp/ McCoy	candidate	\$ - 1300.00
		11/25/02	wells Fargol McGy		12,044.02
TOTAL (PART I) \$			TOTAL CASH REPAYMENTS (PA	RTII) \$	3, 394.02
			From Schedule E TOTAL LOANS FORGIV	'EN \$	605.98
		TOTAL O	UTSTANDING LOANS END OF REPORT PE	RIOD \$	0.00
*Disclosure law requires candidate committees to disclose the relationship of any making a contribution to the committee. Relationship must be shown to the third consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 packet.) If sumame of contributor is the same as candidate, but there is no family relationship, enter "not applicable" in the relationship column when it applies.	degree of of forms		Page_	of	<u> </u>

SCHEDULE

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

COMMITTEE NAME (Must be same as on Statement of Organization)

Committe to Elect MATT MCCOY



SCHEDULE

H
CAMPAIGN
(Rev. 07/03)
PROPERTY

ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED.

CHECK THIS BOX IF AMENDING FORM

PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY **

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report	Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation
9-18-97	HP compule	1720.95	-0-						
5-12.00	50ny Laptop	1907.79	953.89		Ministra de				
10-9.02	Computer P.C.	1833.>2	1649.90		NOV 2 4 2033				

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT		
(TRANSFER TO SUMMARY PAGE) \$ 260 3	.7	9

TOTALS

\$ _____\$ ____

(Attach Additional Schedules if Needed)

Page of Pages
(For Schedule H)

^{**} PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ ___

^{*} If estimated, show est. beside figure.